M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07055

Reg. Dist. No. 76

**1. PLACE OF DEATH:**

County: Carroll

City or town: Rural Westminster RD #3.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, institution, or street address where death occurred: Westminster RD #3.

How long in hospital or institution? —

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: md. County: Carroll

City or town: Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Westminster RD #3.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

**3. (a) FULL NAME:** Maggie E. Barnhart

**3. (b) Social Security Number:** none

4. Sex: F.

5. Color or race: W

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Floyd A. Barnhart

6.(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): Feb 14, 1902.

**8. AGE:** Years: 48 Months: 5 Days: 15 If less than one day: — hrs. — min.

8. Birthplace: York Co Pa
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: Bert Gawrick.
13. Birthplace: Carroll Co md.

MOTHER
14. Maiden name: Mary Symder
15. Birthplace: Carroll Co md.

16. Informant: Floyd A. Barnhart

Address: Westminster RD #3.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: July 31, 1950
(month) (day) (year)

Cemetery or crematory: St Bartholomew.

Location: Near Hanover York Co Pa

18. Funeral director: H Bankert & Son

Address: Westminster md.

19. 7/29 1950 [signature]
(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: July 29 1950, at 7:10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1946, to July 29 1950 and that I last saw her alive on July 26 - 1950.

Immediate cause of death: Brain Tumor — Carcinoma.

Due to: Brain Tumor

Due to:

Other conditions: 193x 57d (Include pregnancy within 3 months of death)

DURATION: 10 yrs.

Major findings of operations: Brain Tumor. Date of op. 1944 —

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Mary E Lawrence MD
M. D. or other

Address: Hanover Pa Date signed: 7-29-50

RECEIVED
JUL 31 1950
BLRBAU

07056

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. ATD

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

BC

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY --- |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 1/18/43 | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital | STREET ADDRESS (If rural, give location) 915 Gorsuch Avenue also 2211 W. Rogers Ave. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) George | (Middle) --- | (Last) BATTEE | 4. DATE OF DEATH | (Month) July | (Day) 22 | (Year) 1950 |
| 5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower | 8. DATE OF BIRTH 7/17/1865 | 9. AGE last birthday 85 yrs. | If under 1 year Months - | Days - | If under 24 hrs. Hours - Min. - |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fish dealer | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (State or foreign country) Talbot County, Maryland | 12. CITIZEN OF WHAT COUNTRY? United States | | | | |
| 13. FATHER'S NAME George Battee | 14. MOTHER'S MAIDEN NAME unknown | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) --- | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT AND ADDRESS Records - Springfield State Hospital | | | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cardiac decompensation | 1 week |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic cardiovascular disease | Indefinite |
| | (c) | |

422.1
93d

| | |
|---|---|
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Psychosis with cerebral arteriosclerosis | 15 years |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION --- | 19b. MAJOR FINDINGS OF OPERATION --- | 20. AUTOPSY? Yes ☐ No ☒ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) --- | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- | (CITY OR TOWN) --- | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) --- m. | INJURY OCCURRED --- While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? --- | | |

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to July 22, 1950, that I last saw the deceased alive on July 22, 1950, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry C. A. Mead M.D. ADDRESS Sykesville, Maryland DATE SIGNED

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/25/50 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) (State) Balto., Md. |
| DATE REC'D BY LOCAL REG. 7/24/50 | REGISTRAR'S SIGNATURE A. W. Hedrich | 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons | ADDRESS Balto. Md. |

JT

49671

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

07157

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alesia | LENGTH OF STAY in this place: 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alesia
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) VIOLETTA (Middle) GLEIN (Last) BURKE

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1950

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M. | 8. DATE OF BIRTH: 12-18-1889 | 9. AGE last birthday: 60 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Cion home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Reuben McQuay | 14. MOTHER'S MAIDEN NAME: Annie E Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO. ✓ | 17. INFORMANT: Mrs Chas Burke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 15 mins

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Residual Hemiplegia — 5 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to July 7, 1950, that I last saw the deceased alive on July 5, 1950, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

SIGNATURE: Maurice C. Porterfield | (Degree or title): M.D | ADDRESS: HAMPSTEAD, Md | DATE SIGNED: 7-8-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: July 10/50 | NAME OF CEMETERY OR CREMATORY: Free Methodist | LOCATION (City, town, or county) (State): Alesia, Carroll-Md

DATE REC'D BY LOCAL REG.: July 9/50 | REGISTRAR'S SIGNATURE: Mrs. W. R. S. Denner | 24. FUNERAL DIRECTOR: Edw C Tipton | ADDRESS: Hampstead Md

RECEIVED
JUL 11 1950
BUREAU V. S.

07058

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 76

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Carroll |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (in this place) 3 yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 66½ Penna. Ave. | STREET ADDRESS (If rural, give location) 66½ Penna. Ave. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Edward | (Middle) A | (Last) Cassell | 4. DATE OF DEATH | (Month) July (Day) 24 (Year) 1950 |
| 5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Sept. 25-1865 | 9. AGE last birthday 84 yrs. | If under 1 year Months / Days; If under 24 hrs. Hours / Mfn. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Ret. | 10b. KIND OF BUSINESS OR INDUSTRY Own farm | | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME David Cassell | | | 14. MOTHER'S MAIDEN NAME Fannie Diehl | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT AND ADDRESS Jos. Bowers 66½ Penna. Ave. Westminster Md. | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| | Immediate cause | (a) Acute Cardiac Decompensation | 6 hrs |
| 422.1 | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Myocarditis — | 5 yrs |
| 93d | | (c) Arteria Sclerosis | 10 yrs |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from 7.24, 1950, to 7.24, 1950, that I last saw the deceased alive on 7.24, 1950, and that death occurred at 9.30 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Chas. R. Fouty | MD. | Westminster Md. | 7.25-50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF July 27-50 | NAME OF CEMETERY OR CREMATORY Cassell Cemetery | LOCATION (City, town, or county) Westminster 5, (State) Md. |
| DATE REC'D BY LOCAL REG. 7/26/50 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR W Bankard & Son | ADDRESS Westminster Md |

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JUL 27 1950
BUREAU V. S.

07059

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor — LENGTH OF STAY (in this place): 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) ROBERTA (Last) COE
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1950
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 12/14/1898
9. AGE last birthday: 51 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Frederick County Md.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Harry W. Poole
14. MOTHER'S MAIDEN NAME: Myra Forney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: 219-05-7266
17. INFORMANT AND ADDRESS: Ralph T. Coe, New Windsor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Myocardial Degeneration — 5 years

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1948, to July 29, 1950, that I last saw the deceased alive on July 29, 1950, and that death occurred at 10:20 P.m., from the causes and on the date stated above.

SIGNATURE: M. E. Robertson — (Degree or title): M.D. — ADDRESS: New Windsor, Md. — DATE SIGNED: July 31, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8/1/50 — NAME OF CEMETERY OR CREMATORY: Pipe Creek Cem. — LOCATION (City, town, or county) (State): Cleventown Road

DATE REC'D BY LOCAL REG.: July 31 — REGISTRAR'S SIGNATURE: Grace S. Bowden — 24. FUNERAL DIRECTOR: W. W. Hartzler & Sons — ADDRESS: Union Bridge & New Windsor, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1950
BUREAU V. S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07060

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County: Carroll
City or town: HAMPSTEAD
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 hours
Hospital, institution, or street address where death occurred:
3 So. Main St
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Balto. City
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 3117 Howard Park Ave
(If rural, give LOCATION)
2.(a) If veteran, name war: None

**3.(a) FULL NAME:** Gilbert W. Cooney

**3.(b) Social Security Number:** 217-26-5292

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| M | W | Single |

6.(b) Name of husband or wife: None
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb - 24, 1904

8. AGE: Years: 46 | Months: 5 | Days: 24 | If less than one day: hrs. min.

9. Birthplace: Baltimore, Md. (town, county, and state)

10. Usual occupation: Retired Policeman

11. Industry or business:

FATHER
12. Name: John A. Cooney
13. Birthplace: Balto. Md

MOTHER
14. Maiden name: Emma Sipes
15. Birthplace: Baltimore County

16. Informant: Nelson J. Cooney
Address: 486 Brunswick St

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 1, 1950 (month) (day) (year)
Cemetery or crematory: New Cathedral
Location: Old Frederick Rd.

18. Funeral director: Martin J. Conroy
Address: 5020 Brooklyn Rd.

19. 7/31/50 (Date rec'd by registrar) A. E. Herrick Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28 1950 at 11:40 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead on Arrival 19 to Dead on Arrival 19 and that I last saw h alive on 19

| Immediate cause of death | DURATION |
|---|---|
| Coronary Thrombosis | 10 mins |
| Due to | |
| Due to: 420.1 | |
| Other conditions: 94a | |

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Maurice C. Porter final MD M. D. or other
Address: HAMPSTEAD, Md. Date signed: 7/29/50

Carroll Co. Gazette Co. Gazette Co. Gazette Co. Gazette Co.

07061

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 71

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Westminster — LENGTH OF STAY (in this place): 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westminster, R.D.7 (Frizellburg)

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Westminster
STREET ADDRESS (If rural, give location): Westminster, R.D.7 (Frizellburg)

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Keener (Last) Dickensheets

4. DATE OF DEATH: (Month) 7/15/50 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11/10/1878
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painting (Painter)
10b. KIND OF BUSINESS OR INDUSTRY: Building Painter
11. BIRTHPLACE (State or foreign country): Carroll County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Frederick Dickensheets
14. MOTHER'S MAIDEN NAME: Mary Lambert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 212-03-5346
17. INFORMANT AND ADDRESS: Westminster, Md. Truman Dickensheets; R. D. 7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 3 days.

331X Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1950, to July 15, 1950, that I last saw the deceased alive on July 14, 1950, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE: James T. Marsh — (Degree or title): M.D. — ADDRESS: Westminster Md — DATE SIGNED: 7/15/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7/18/50 — NAME OF CEMETERY OR CREMATORY: Medow Branch Cemetery — LOCATION (City, town, or county) (State): Nr. Westminster, Carroll Co.-

DATE REC'D BY LOCAL REG.: July 15, 1950 — REGISTRAR'S SIGNATURE: Margaret R. Englar — 24. FUNERAL DIRECTOR: J. W. Little & Son, Littlestown PA — ADDRESS: Per R. A. Little

340 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 18 1950
BUREAU V. S.

07062

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 1 yr. 1 mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Minerva (Last) Dixon
4. DATE OF DEATH (Month) 7 (Day) 31 (Year) 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 7/20/67
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) missionary teacher
10b. KIND OF BUSINESS OR INDUSTRY Church
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eli Hughes
14. MOTHER'S MAIDEN NAME Susan Kuhms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Springfield State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Bronchopneumonia | 36 hrs. |
| 450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107 | (b) Arteriosclerosis | 15 yrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24, 1949, to July 31, 1950, that I last saw the deceased alive on July 30, 1950, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE M. V. Martin MD (Degree or title)
ADDRESS Springfield State Hosp. Sykesville, Maryland
DATE SIGNED 7/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-3-50
NAME OF CEMETERY OR CREMATORY High Point
LOCATION (City, town, or county) (State) High Point, N.C.

DATE REC'D BY LOCAL REG. July 31, 1950
REGISTRAR'S SIGNATURE C. Harry Weir
24. FUNERAL DIRECTOR C. H. Weir - Sykesville, Md. ADDRESS

V6891

RECEIVED
AUG 4 1950
BUREAU OF R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

07063

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: CARROLL
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesvillle
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 5270 Park Heights Avenue

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELIZABETH (Last) DIZER

4. DATE OF DEATH: (Month) 7 (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 2/6/57

9. AGE last birthday: 93 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dorchester County, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Harding

14. MOTHER'S MAIDEN NAME: Julia Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Bronchopneumonia and atelectasis | 2 days |
| 442X 131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Intestinal obstruction, ilio-cecal region | 36?hours |
| | (c) Arteriosclerotic renal vascular disease | years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis, — less than yr

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14 1950, to 7/24, 1950, that I last saw the deceased alive on 7/24, 1950, and that death occurred at 11:20 DST Am., from the causes and on the date stated above.

SIGNATURE: Charles Farnell (Degree or title) M.D. ADDRESS: Sykesville, Maryland DATE SIGNED: 7/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF: July 27/50 NAME OF CEMETERY OR CREMATORY: Druid Ridge LOCATION (City, town, or county) (State): Sykesville Md.

DATE REC'D BY LOCAL REG.: 7/26/50 REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR: Laing Bros ADDRESS: 5005 Park Heights Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07064

# CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Union Bridge
LENGTH OF STAY (in this place): 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Union Bridge
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Elberty (Last)

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 19,1876

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Pickler Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Steel Mill

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Elberty

14. MOTHER'S MAIDEN NAME: Elizabeth Pepping

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-07-2181

17. INFORMANT: Mrs. Edna Elberty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia, Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH

450.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

1310 (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to July 21, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: J. H. Legg (Degree or title) M.D. ADDRESS: Union Bridge DATE SIGNED: 7-22-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/23/50

NAME OF CEMETERY OR CREMATORY: Methodist Cemetery

LOCATION (City, town, or county) (State): Uniontown, Maryland

DATE REC'D BY LOCAL REG.: July 22/50

REGISTRAR'S SIGNATURE: Margaret R. England

24. FUNERAL DIRECTOR: C.O.Fuss & Son, Taneytown, Maryland ADDRESS

49629

VS. A15

RECEIVED
JUL 27 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07065

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): less than day
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) (Last) Farwell

4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/29/50

9. AGE last birthday: yrs. — If under 1 year: Months 0 Days 0 — If under 24 hrs.: Hours 0 Min. 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Farwell, M.D.

14. MOTHER'S MAIDEN NAME: Arlene Ina Stich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Father and Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 763.5 | Immediate cause | (a) Bronchopneumonia | less than hr. |
| 159 | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Anoxia neonatorum (Gestation 26 weeks - wt. 570 gms. | " |
| | | (c) Prematurity ( length - 30 cms. ) | " |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29, 19 50 to 7/29, 19 50, that I last saw the deceased alive on 7/29, 19 50, and that death occurred at 3:45 A DST m., from the causes and on the date stated above.

SIGNATURE: Chas E Farwell (Degree or title) M.D. ADDRESS: Sykesville, Maryland DATE SIGNED: 7/31/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-31-50 — NAME OF CEMETERY OR CREMATORY: Springfield — LOCATION (City, town, or county) (State): Sykesville, Md.

DATE REC'D BY LOCAL REG.: July 31, 1950 — REGISTRAR'S SIGNATURE: C. Harry Weis

24. FUNERAL DIRECTOR: C. H. Weis — ADDRESS: Sykesville, Md.

2-0-7-29-0-24-1-27-V

RECEIVED
AUG 8 1950
BUREAU V. S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07066

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): since 2/20/08
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 23 N. Kenwood Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Matthias (Middle) (Matthew) (Last) FORTENBAUGH

4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1880 ?

9. AGE last birthday: 70 yrs. — If under 1 year: Months —; If under 24 hrs: Days —, Hours —, Min —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Barber Employee

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Albert Fortenbaugh

14. MOTHER'S MAIDEN NAME: xxxxxxx Caroline Huebscher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XXXXXXXXNo (If yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: uxxxxxx None

17. INFORMANT AND ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Bronchopneumonia | 48 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cardiac Decompensation | 3 days |
| | (c) Arteriosclerotic Hypertensive Heart Disease | Indefinite |

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox, Hebephrenic Type — 42 yrs.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---

(CITY OR TOWN) (COUNTY) (STATE): ---

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to 7-8-, 1950, that I last saw the deceased alive on 7-8-, 1950, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank C. Mead M.D. — ADDRESS: Sykesville, Maryland — DATE SIGNED:

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: July 11, 1950 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Bel Air Road Md.

DATE REC'D BY LOCAL REG.: July 10, 1950 — REGISTRAR'S SIGNATURE: A Harry Heer

24. FUNERAL DIRECTOR: A Heer — ADDRESS: Sykesville Md.

70084

RECEIVED
JUL 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07067

# CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Westminster
LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Westminster
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Lydia (Middle) M. (Last) Garner

4. DATE OF DEATH: (Month) July (Day) 22, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWER, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/28/71

9. AGE last birthday: ~~78~~ 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Adams County, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonas Royer

14. MOTHER'S MAIDEN NAME: Mary A. Lau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. John J. Garner, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170x Immediate cause (a) Carcinoma of Breast — Interval Between Onset and Death: about Nov. 1947

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: about Nov. 1947

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1947, to July 22, 1950, that I last saw the deceased alive on July 21st, 1950, and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. B. Billingslea, M.D. Westminster, Md. 7-22-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/24/50

NAME OF CEMETERY OR CREMATORY: Meadow Branch Cemetery

LOCATION (City, town, or county) (State): Westminster, Maryland

DATE REC'D BY LOCAL REG. 7/24/50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: C.O.Fuss & Son, Taneytown, Maryland

VS. A15

RECEIVED
JUL 24 1950
BUREAU V. S.

07068

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: --- |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): since 12/1/39 | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital | STREET ADDRESS (If rural, give location): unknown |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) James | (Middle) J. | (Last) GILROY | 4. DATE OF DEATH | (Month) July | (Day) 21 | (Year) 1950 |
| 5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed | 8. DATE OF BIRTH: ~~unknown~~ about 1886 | 9. AGE last birthday: 63 ? yrs. | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min. — | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown | 10b. KIND OF BUSINESS OR INDUSTRY: --- | 11. BIRTHPLACE (State or foreign country): Unknown | 12. CITIZEN OF WHAT COUNTRY? --- | | | | |
| 13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service): --- | 16. SOCIAL SECURITY NO.: unknown | 17. INFORMANT AND ADDRESS: Records - Springfield State Hospital | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 422.2 Immediate cause | (a) Bronchopneumonia | 48 hours |
| 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic myocardial degeneration | Indef |
| | (c) A | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholic psychosis & deterioration — Many

| | | |
|---|---|---|
| 19a. DATE OF OPERATION: --- | 19b. MAJOR FINDINGS OF OPERATION: --- | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify): --- | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --- (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour): --- m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ --- | HOW DID INJURY OCCUR? --- |

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to July 20, 1950, that I last saw the deceased alive on July 20, 1950, and that death occurred at 12:20 Am., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Henry C. A. Mead M.D. | | Sykesville, Maryland | 7/21/50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 7/24/50 | University Med School | Balto City |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| July 24, 1950 | C. Harry Wew | Frances A. Hemsley | 578 W. Biddle St. Balto. Md. |

307x

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1950
BUREAU Y. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

07669

Reg. Dist. No. 76

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster; LENGTH OF STAY (in this place) 63 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS New Windsor Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster; STREET ADDRESS (If rural, give location) New Windsor Road

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Virginia (Last) Grunholtz

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: August 3-1859

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Reagle

14. MOTHER'S MAIDEN NAME: Cecelia Vanemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: 123 E. Main Edw. Grunholtz Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset and Death: years

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

97 (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to July 14, 1950, that I last saw the deceased alive on July 14, 1950, and that death occurred at 10:40 A. m., from the causes and on the date stated above.

SIGNATURE: James T. Marsh (Degree or title) M. D. ADDRESS Westminster Md. DATE SIGNED 7/14/50

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE THEREOF July 16-1950 — NAME OF CEMETERY OR CREMATORY Bruderly Cemetery — LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 7/15/50 — REGISTRAR'S SIGNATURE H. Elwood Null

24. FUNERAL DIRECTOR: H. Bankard Son, Westminster, Md. ADDRESS

RECEIVED
JUL 18 1950
BUREAU V. S.

07070

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Melrose
LENGTH OF STAY (in this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, near Melrose
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Conrad (Middle) J. (Last) Hersh
4. DATE OF DEATH (Month) July (Day) 10, (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-26-1869
9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm owner
11. BIRTHPLACE (State or foreign country) Maryland Carroll Co.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John W. Hersh
14. MOTHER'S MAIDEN NAME Lena Mae Therit
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT John Hersh Melrose, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Thrombosis | 1 day |
| 420.1 Antecedent cause(s) | | |
| 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis | 5 yrs |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1948, to July 10, 1950, that I last saw the deceased alive on July 3, 1950, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE W. H. Foard (Degree or title) M.D. ADDRESS Manchester - Maryland DATE SIGNED 7/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 7-12-50 NAME OF CEMETERY OR CREMATORY Immanuel Lutheran LOCATION (City, town, or county) Manchester (State) Md.

DATE REC'D BY LOCAL REG. July 11/50 REGISTRAR'S SIGNATURE Mrs. W. R. S. Deaver
24. FUNERAL DIRECTOR Jacob Winks Sons ADDRESS Manchester Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1950
BUREAU OF

07071

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 75

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
LENGTH OF STAY (in this place) 71
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lillie (Middle) Dale (Last) Hoffman

4. DATE OF DEATH (Month) 7 (Day) 13 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 12-25-1878
9. AGE last birthday 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Examiner
10b. KIND OF BUSINESS OR INDUSTRY Dress Factory
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jacob Wink
14. MOTHER'S MAIDEN NAME Annie J Belshner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 212-24-5507
17. INFORMANT C. L. Hoffman Manchester Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 3 days |
| 331X Antecedent cause(s) | | |
| 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension | 2 yrs |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1948, to July 12, 1950, that I last saw the deceased alive on July 12, 1950, and that death occurred at 11:45 A m., from the causes and on the date stated above.

SIGNATURE W. H. Foard (Degree or title) M. D. ADDRESS Manchester DATE SIGNED Maryland 7-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7-16-50
NAME OF CEMETERY OR CREMATORY Reformed cemetery
LOCATION (City, town, or county) (State) Manchester Maryland

DATE REC'D BY LOCAL REG. July 15/50
REGISTRAR'S SIGNATURE Mrs. M R S Denner
24. FUNERAL DIRECTOR Jacob Winks & Son ADDRESS Manchester, Md

44406

RECEIVED
JUL 19 1950
BUREAU

07072

M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17
STREET ADDRESS (If rural, give location) 1118 N. Carey St.,

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) JANE (Last) HOLTON
4. DATE OF DEATH (Month) July (Day) 17, (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 15, 1915
9. AGE last birthday 3735 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward James Holton
14. MOTHER'S MAIDEN NAME Genevie Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-22-6332
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Pulmonary Tuberculosis | Fall of 1948 |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | | |
| (c) | | |

002X
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1950, to July 17, 1950, that I last saw the deceased alive on July 17, 1950, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

SIGNATURE Elmer P. Sauer (Degree or title) M.D. ADDRESS Henryton, Maryland DATE SIGNED 7/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 24, 1950
NAME OF CEMETERY OR CREMATORY St. Peter's
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 7/17/50
REGISTRAR'S SIGNATURE Albert R. Swankhorn
24. FUNERAL DIRECTOR Geo. G. Nelson, 1303 Presstman St. ADDRESS

Deputy Local

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1990
BUREAU

07073

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead — LENGTH OF STAY (in this place) 3½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
STREET ADDRESS (If rural give location) Main

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Solomon (Last) Hughes

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 24-1860

9. AGE last birthday: 90 yrs. — If under 1 year: Months, Days 6 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: Wheelwright

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: John Hughes

14. MOTHER'S MAIDEN NAME: Mary McKinley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT: Ada Gill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — 24 hrs

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

940 (b) Angina

(c) Arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1950, to July 30, 1950, that I last saw the deceased alive on July 29, 1950, and that death occurred at 6.30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Cyril E. Fowble M.D. | Upperco Md. | July 30-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug 2/50 | NAME OF CEMETERY OR CREMATORY St Pauls. | LOCATION (City, town, or county) (State) Lutherville, Baltimore Md

DATE REC'D BY LOCAL REG. July 31-1950 | REGISTRAR'S SIGNATURE John S. Hughes Jr. | 24. FUNERAL DIRECTOR Edw Clifton | ADDRESS Hampstead Md

988 99

VS. A15

RECEIVED
AUG 2 1950
BUREAU OF S

07074

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 83

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MILTON (Middle) L (Last) JENKINS JR.
4. DATE OF DEATH (Month) July (Day) 3 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 23, 48
9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME MILTON L. JENKINS
14. MOTHER'S MAIDEN NAME BERTHA I. FRANKLIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Milton L. Jenkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.0 Immediate cause (a) Drowning - accidental

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Woodbine (COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) July 3, 50 4 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Feel into 10 gal drum of water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED July 3-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-5-1950
NAME OF CEMETERY ~~OR CREMATORY~~ Morgan Chapel
LOCATION (City, town, or county) (State) Day, Carroll Co. Md.
DATE REC'D BY LOCAL REG. July 4-50
REGISTRAR'S SIGNATURE Edna M. Hewitt
24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 7 1950
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07075

# CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WESTMINSTER
LENGTH OF STAY (in this place): 40 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ROUTE 6

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WESTMINSTER
STREET ADDRESS (If rural, give location): ROUTE 6

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) HERBERT (Last) KYLER

4. DATE OF DEATH: (Month) JULY (Day) 19 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: DEC. 16, 1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MANAGING OWNER — RET.

10b. KIND OF BUSINESS OR INDUSTRY: MACHINE MNFG.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL K. KYLER

14. MOTHER'S MAIDEN NAME: ELIZA FRANKLIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: BLANCHE Y. KYLER, WESTMINSTER, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Decompensation — Interval Between Onset and Death: 18 hrs

356.0 Antecedent cause(s)

82 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Acute Pulmonary Edema — 48 hrs

(c) Progressive Muscular Atrophy — 15 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15 1949, to July 19, 1950, that I last saw the deceased alive on July 19, 1950, and that death occurred at 7-40 a m., from the causes and on the date stated above.

SIGNATURE: Chas. R. Fouty (Degree or title): M.D. ADDRESS: Westminster Md DATE SIGNED: 7-19-50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: JULY 21 1950 — NAME OF CEMETERY OR CREMATORY: WESTMINSTER CEMETERY — LOCATION (City, town, or county) (State): WESTMINSTER MD.

DATE REC'D BY LOCAL REG. 7/20/50 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: J. FRANCIS REESE — ADDRESS: WESTMINSTER, MD.

15644 (Factory)

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RECEIVED
JUL 21 1950
BUREAU Y. S.

07076

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Unk.

3. NAME OF DECEASED (Type or Print): (First) Beulah (Middle) (Last) Lewis
4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 19-1917
9. AGE last birthday: 33 yrs. — If under 1 year: Months / Days 27 — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not any
10b. KIND OF BUSINESS OR INDUSTRY: Not any
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Lewis
14. MOTHER'S MAIDEN NAME: Ethel Malpin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Alice Cutler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Coronary Occlusion | sudden |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | Epilepsy | 21 yrs |
| (c) | | |

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15th, 1945, to July 17, 1950, that I last saw the deceased alive on July 17, 1950, and that death occurred at 1-30 P.M., from the causes and on the date stated above.

SIGNATURE: M. J. Martin M.D. (Degree or title) — ADDRESS: Sykesville — DATE SIGNED: 7/17/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: July 25, 1950 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REG.: July 25, 1950 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: Wm Cook, Inc. — ADDRESS: 1217 St Paul St. Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 28 1960
BUREAU U. S.

Evidence for addition as shown in #18

07077

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

FILM No. G 127 AUG 23 1950

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4702 Bayonne Avenue

3. NAME OF DECEASED (Type or Print) (First) Providenza (Middle) (Last) Maltese
4. DATE OF DEATH (Month) (Day) (Year) July, 17th 1950
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 1900
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? Italy
13. FATHER'S NAME Francis Cenigliano
14. MOTHER'S MAIDEN NAME Maria Riceduto
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary infarct | 12 hours |
| 300.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Convulsive seizure 12 hours prior to death due to | |
| 87e | (c) Prefrontal lobotomy 1947 | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type — 15 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 1942, to 7-16, 1950, that I last saw the deceased alive on 7-16-, 1950, and that death occurred at 12.30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irene L. Hohlmann, M.D. ADDRESS Springfield State Hospital DATE SIGNED 7-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 20 1950
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
LOCATION (City, town, or county) (State) 4430 Belair Rd.
DATE REC'D BY LOCAL REG. 7/18/50
REGISTRAR'S SIGNATURE A. W. Hedrick JT
24. FUNERAL DIRECTOR Frank Dellorusse ADDRESS 322 S. High St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

07078

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 78

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Carroll |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Westminster — LENGTH OF STAY (in this place): 16 yrs | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salem |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: | STREET ADDRESS (If rural, give location): Rural--Westminster |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) HAMPTON | (Middle) OLEVIA | (Last) MANAHAN | 4. DATE OF DEATH (Month) July (Day) 28 (Year) 1950 |
| 5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed | 8. DATE OF BIRTH: 9-17-1860 | 9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY: U.S. | |
| 13. FATHER'S NAME: Hampton Gosnell | | 14. MOTHER'S MAIDEN NAME: Kitty Ann Gartrell | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT AND ADDRESS: Mrs. H. L. Frizzell, Westminster, Md. | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Arteriosclerotic C-V disease — Several years

Antecedent cause(s)

186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) II Fractured hip — 4 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from July 24, 1950, to July 28, 1950, that I last saw the deceased alive on July 27, 1950, and that death occurred at 3 a.m., from the causes and on the date stated above.

SIGNATURE: James T. Marsh (Degree or title) M.D. ADDRESS: Westminster Md DATE SIGNED: 7/28/50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE: 7-31-1950 | NAME OF CEMETERY OR CREMATORY: St. James | LOCATION (City, town, or county) (State): Dennings, Carroll Co. Md. |
| DATE REC'D BY LOCAL REG.: 7-29-50 | REGISTRAR'S SIGNATURE: E. M. Farver | 24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. | ADDRESS |

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1950
BUREAU V. S

07079

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Balto.,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparks
STREET ADDRESS (If rural, give location): Quaker Bottom

3. NAME OF DECEASED (Type or Print): (First) LAWRENCE (Middle) (Last) MC COLL

4. DATE OF DEATH (Month) (Day) (Year): July 20 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 21, 1916

9. AGE last birthday: 33 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Bennettsville, S. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Lloyd Mc Coll

14. MOTHER'S MAIDEN NAME: Ellen Quick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Ethel Mc Coll ( Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Far Advanced Pulmonary Tuberculosis — Interval Between Onset and Death: January, 1950

002 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

131

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1950, to July 20, 1950, that I last saw the deceased alive on July 20, 1950, and that death occurred at 3:35 P.m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Lamm (Degree or title) M.D. ADDRESS: Henryton, Maryland DATE SIGNED: 7/20/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-23-'50

NAME OF CEMETERY OR CREMATORY: Stevenson

LOCATION (City, town, or county) (State): Sparks, Md.

DATE REC'D BY LOCAL REG. 7/20/50

REGISTRAR'S SIGNATURE: Deputy Local

24. FUNERAL DIRECTOR ADDRESS: Landon M Brooks, Sparks, md

8607

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JUL 25 1960
BUREAU V. S.

07080

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Sykesville, Md. LENGTH OF STAY (in this place): 1 mo., 7 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital | STREET ADDRESS (If rural, give location): 619 South Glover Street |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) JOHN | (Middle) Frank | (Last) McSHANE | 4. DATE OF DEATH | (Month) 7 | (Day) 2 (Year) 1950 |
| 5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 12/13/95 | 9. AGE last birthday: 54 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant Marines, truck driver | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Baltimore, Maryland | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: Joseph McShane | | 14. MOTHER'S MAIDEN NAME: Eva Sappelin | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: 217-16-7062 | 17. INFORMANT AND ADDRESS: Record, Springfield State Hospital Sykesville, Maryland | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002x Immediate cause (a) Bilateral fibrous pulmonary tuberculosis Indefinite

13b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 5/25/50 1950 to 7/2, 1950 that I last saw the deceased alive on 7/2, 1950, and that death occurred at 1:45 P DST m., from the causes and on the date stated above.

SIGNATURE: Henry C.A. Mead (Degree or title) MD, ADDRESS: Sykesville Md DATE SIGNED: 7/2/50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: July 6/50 | NAME OF CEMETERY OR CREMATORY: St. Stanislaus | LOCATION (City, town, or county) (State): 1300 Dundalk Ave. Balto. Md. |
| DATE REC'D BY LOCAL REG.: 7/5/50 | REGISTRAR'S SIGNATURE: H.W. Hedrick Dm | 24. FUNERAL DIRECTOR: Harry H. Nutzke | ADDRESS: 4101 Edmondson Ave. |

42051

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

07081

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Sykesville
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) rural ✓

3. NAME OF DECEASED (Type or Print) (First) KATHERINE IDA (Middle) (Last) MOBLEY

4. DATE OF DEATH (Month) 7 (Day) 11 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 8/7/71

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Montgomery County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eden Selby

14. MOTHER'S MAIDEN NAME Martha Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unknown

17. INFORMANT AND ADDRESS Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral embolism (fatty) | 1 day |
| 903.7 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Bronchopneumonia | 1 day |
| 186a | (c) Fracture, intertrochanteric, left femur | 3 days |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, paranoid type — since 1949

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital

(CITY OR TOWN) Sykesville (COUNTY) Carroll (STATE) Maryland

TIME OF INJURY (Month) 7 (Day) 8 (Year) 50 (Hour) 5:30 p m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Senile woman walking unassisted, slipped and fell on left hip

22. I hereby certify that I attended the deceased from 7/5, 1950, to 7/11, 1950 that I last saw the deceased alive on 7/11, 1950 and that death occurred at 5:25 P DST m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead (Degree or title) M. D. ADDRESS Sykesville, Maryland DATE SIGNED 7/11/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 7/12/50 NAME OF CEMETERY OR CREMATORY Fourth Ave. Cemetery LOCATION (City, town, or county) Gaithersburg (State) Md

DATE REC'D BY LOCAL REG. July 13, 1950 REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR E. C. Gaithers ADDRESS Gaithersburg Md

RECEIVED
JUL 14 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07082

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton; LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge, Maryland
STREET ADDRESS (If rural, give location) Phillips Street

3. NAME OF DECEASED (Type or Print): (First) HENRY; (Middle); (Last) MOFFETT

4. DATE OF DEATH: (Month) July; (Day) 4; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: ? 1883

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Angeline ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-05-6884

17. INFORMANT AND ADDRESS: Unknown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | Sept., 1944 |
| 002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131 | (b) | |
| | (c) | |

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 4, 1945, to July 4, 1950, that I last saw the deceased alive on July 4, 1950, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE: Elma P. Sauer (Degree or title) M.D. ADDRESS: Henryton, Md. DATE SIGNED: 7-4-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7/10/50
NAME OF CEMETERY OR CREMATORY: University Med School
LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG. 7-4-50

REGISTRAR'S SIGNATURE: Albert R. Swanhaus Deputy Local

24. FUNERAL DIRECTOR: Francis A Hemsley ADDRESS: 538 W Biddle St

98849

RECEIVED
JUL 13 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH 07083

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 2 mos. 10 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore-17
STREET ADDRESS (If rural, give location): 1650 Bruce Court ✓

3. NAME OF DECEASED (Type or Print): (First) GREGORY (Middle) KIRRANE (Last) NELSON

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: January 3, 1948

9. AGE last birthday: 2 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Frederick Nelson

14. MOTHER'S MAIDEN NAME: Elizabeth Moody

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Elizabeth Nelson (Mother) 1650 Bruce Ct.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Mediastinal Tuberculosis — April, 1949

007X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

138

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1950, to July 1, 1950, that I last saw the deceased alive on July 1, 1950, and that death occurred at 5:50 A.m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Lauer (Degree or title) M.D. ADDRESS: Henryton, Md. DATE SIGNED: 7-1-50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF: 7/3/50 — NAME OF CEMETERY OR CREMATORY: Mt Auburn — LOCATION (City, town, or county) (State): Balto City

DATE REC'D BY LOCAL REG. 7-1-50

REGISTRAR'S SIGNATURE: Albert R. Swanbaum

24. FUNERAL DIRECTOR: Francis A Hemley — ADDRESS: 784 W Baltimore

Deputy Local

RECEIVED
JUL 10 1950
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07084

# CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll; STATE: MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Henryton; LENGTH OF STAY in this place: 9 mos. 7 das.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore-13; STREET ADDRESS (If rural, give location): 1216 N. Eden Street.

3. NAME OF DECEASED (Type or Print): (First) POLLY; (Middle) ; (Last) NELSON

4. DATE OF DEATH: (Month) July; (Day) 24; (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 24, 1881

9. AGE last birthday: 68 yrs. If under 1 year: Months ; Days ; If under 24 hrs.: Hours ; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Meatrrin, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jeeter Pride

14. MOTHER'S MAIDEN NAME: Adaline Holmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Lealia Booker-1202 N. Wolfe St.(Neice)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | November, 1948 |
| Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

002 x 13b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 17, 1949, to July 24, 1950, that I last saw the deceased alive on July 24, 1950 and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Sauer M.D. (Degree or title) ADDRESS: Henryton, Md. DATE SIGNED: 7-24-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 7-27-50 | NAME OF CEMETERY OR CREMATORY: Arbutus cem. | LOCATION (City, town, or county): Balto. (State): Md.

DATE REC'D BY LOCAL REG. 7-24-50 | REGISTRAR'S SIGNATURE: Albert R. Sauerbrun Deputy Local | 24. FUNERAL DIRECTOR: Mrs. Robt. Elliott & Daughty ADDRESS: 1129 N. Caroline St.

RECEIVED
JUL 31 1950
BUREAU V. S.

07085

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 1 yr. 5 mos. 22 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-17
STREET ADDRESS (If rural, give location) 1215 Smithson Street ✓

3. NAME OF DECEASED (Type or Print) (First) RUFUS (Middle) (Last) NICHOLSON
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH April 19, 1903
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY Private Family
11. BIRTHPLACE (State or foreign country) Jessup, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Nicholson
14. MOTHER'S MAIDEN NAME Sophie Blue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 002 X Immediate cause | (a) Pulmonary Tuberculosis | Feb. 1948 |
| 13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1949, to July 31, 1950, that I last saw the deceased alive on July 31, 1950, and that death occurred at 3:05 P. m., from the causes and on the date stated above.

SIGNATURE Elmer P. Sauer (Degree or title) M.D. ADDRESS Henryton, Md. DATE SIGNED 7-31-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/3/50
NAME OF CEMETERY OR CREMATORY Mt Auburn
LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REG. 7-31-50
REGISTRAR'S SIGNATURE Albert P. Swankhouse Deputy Local
24. FUNERAL DIRECTOR Mrs Katie R. Williams ADDRESS 322-N. Schroeder St. Balto. Md.

42086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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07086

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 80

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL NEW WINDSOR | LENGTH OF STAY (in this place): 5 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ROUTE 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL NEW WINDSOR
STREET ADDRESS (If rural, give location): ROUTE 2

3. NAME OF DECEASED (Type or Print): (First) LEO (Middle) PHILIP (Last) PENTZ

4. DATE OF DEATH: (Month) JULY (Day) 23 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 30, 1880

9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OWNER-MANAGER (RET)

10b. KIND OF BUSINESS OR INDUSTRY: RETAIL GROCERY

11. BIRTHPLACE (State or foreign country): BALTIMORE CITY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN PENTZ

14. MOTHER'S MAIDEN NAME: ELEANOR ROSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS. L. R. PENTZ, NEW WINDSOR, MD R. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval Between Onset and Death: Hrs.

932 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis C.V. Disease — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 45, to July 23, 1950, that I last saw the deceased alive on July 23, 1950, and that death occurred at 150 P. m., from the causes and on the date stated above.

SIGNATURE: James F Marsh | (Degree or title): M D | ADDRESS: Westminster Md | DATE SIGNED: 7/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 7/26/50 | NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery | LOCATION (City, town, or county): Woodlawn | (State): Md.

DATE REC'D BY LOCAL REG. 7/26 | REGISTRAR'S SIGNATURE: Chas L Bucher

24. FUNERAL DIRECTOR: J. FRANCIS REESE | ADDRESS: WESTMINSTER, MD.

15661

RECEIVED
AUG 1 1960
BUREAU V. A

07087

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Worcester |
| CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Henryton — LENGTH OF STAY (in this place): 1yr.11mos.7das. | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Berlin, Maryland |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital | STREET ADDRESS (If rural, give location): R.F.D. #3 |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) WILMER | (Middle) GARFIELD | (Last) PURNELL | 4. DATE OF DEATH | (Month) July (Day) 16 (Year) 1950 |
| 5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M. | 8. DATE OF BIRTH: June 9, 1903 | 9. AGE last birthday: 47 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Unknown | 11. BIRTHPLACE (State or foreign country): Berlin, Maryland | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13. FATHER'S NAME: Dean Fassett | 14. MOTHER'S MAIDEN NAME: Dennie Purnell | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 217-03-5941 | 17. INFORMANT AND ADDRESS: Deceased | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Pulmonary Tuberculosis | June, 1948 |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | | |
| (c) | | |

002x

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |

| | | |
|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Aug. 9, 1948, to July 16, 1950, that I last saw the deceased alive on July 16, 1950, and that death occurred at 7:10 a.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Elmer P. Sauer | M.D. | Henryton State Hospital | 7-16-50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: July 19, 1950 | NAME OF CEMETERY OR CREMATORY: Evergreen | LOCATION (City, town, or county) (State): Berlin Worcester, Md. |
| DATE REC'D BY LOCAL REG.: 7/16/50 | REGISTRAR'S SIGNATURE: Albert R. Swankhouse | 24. FUNERAL DIRECTOR: James B. Dashiell | ADDRESS: Salisbury, Md. |

Local Deputy

98847

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 20 1950
BUREAU V. S.

COPY SENT TO LOCAL REGISTRAR No. DATE

07088

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 75

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. 415

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| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Carroll |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester Rural — LENGTH OF STAY (in this place) - 70 yrs | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester - Rural |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) ✓ |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) HARRY | (Middle) Edwin | (Last) Reed | 4. DATE OF DEATH | (Month) July | (Day) 16 | (Year) 1950 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH May 26, 1880 | 9. AGE last birthday 70 yrs. | If under 1 year Months. | Days | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A | | | | |
| 13. FATHER'S NAME John T. Reed | 14. MOTHER'S MAIDEN NAME Mary Essich | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No | 16. SOCIAL SECURITY NO. ✓ | 17. INFORMANT AND ADDRESS Mrs Effie Reed - Hampstead Md. | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 153 X | Immediate cause | (a) Pulmonary Embolism | 2 hrs |
| 46e | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma Decending Colon | 3 yrs |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from March, 1950, to July, 1950, that I last saw the deceased alive on July 16, 1950, and that death occurred at 1:15 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| W. H. Foard | M.D. | Manchester, Md | July 16-1950 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | July 18-1950 | Snydersburg | Carroll Co. Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| July 16, 1950 | Mrs W R S Denner | Edw. C. Tipton | Hampstead Md. |

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RECEIVED
JUL 19 1950
BUREAU V. S.

Evidence for addition in #18 shown on:
FILM No. G 127 AUG 2 1950

07089

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 41 Colonial Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) Colonial Ave.

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) ROBINSON (Last) REEDER

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: April 1, 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months. If under 1 day: Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife (retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chester Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Z. Taylor

14. MOTHER'S MAIDEN NAME: Mary A. Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Wallace Freeman 41 Col. Ave. Westminster, Md

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Brain tumor - Malignant — Interval between onset and death: 8 months

193X Antecedent cause(s)

546 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Brain seems to have been primary site. (7-25-50 - ams)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 27, 1950, to July 16, 1950, that I last saw the deceased alive on July 15, 1950, and that death occurred at 5:36 A.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): Reese Wilkens M.D.

ADDRESS: W. Carroll St. Westminster Md

DATE SIGNED: 7/16/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 7/19/50

NAME OF CEMETERY OR CREMATORY: West Nottingham Cem.

LOCATION (City, town, or county) (State): Rising Sun Md.

DATE RECD BY LOCAL REG.: 7/17/50

REGISTRAR'S SIGNATURE: H. Crawford

24. FUNERAL DIRECTOR: J. E. Myers, Jr.

ADDRESS: Westminster Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 18 19[illegible]
BUDGET[illegible]

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07090

## CERTIFICATE OF DEATH

Reg. Dist. No. 71

**1. PLACE OF DEATH:**

County: Carroll

City or town: Uniontown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): lifetime

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md. County: Carroll

City or town: Uniontown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Samuel G. Repp

**3. (b) Social Security Number:** 220-01-0838

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed or divorced: widower

6 (b) Name of husband or wife: Rhoda Fleagle Repp

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept 1, 1883

**8. AGE:** Years: 66 Months: 10 Days: 6 If less than one day ____ hrs. ____ min.

9. Birthplace: md
(Town, county, and state)

10. Usual occupation: Retired machinist

11. Industry or business: automobile machinist

FATHER
12. Name: Wesley A Repp
13. Birthplace: md

MOTHER
14. Maiden name: Rosa A. Belleson
15. Birthplace: md

16. Informant: S. Rinaldo Repp
Address: Balto, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: July 9, 1950 (month) (day) (year)

Cemetery or crematory: Lutheran

Location: Uniontown Md

18. Funeral director: C O Tuss & Son,
Address: Taneytown, Md.

19. July 8 1950 Margaret L. Englar
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: July 7 1950, at 12:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1950, to July 7 1950, and that I last saw him alive on July 6 1950.

Immediate cause of death: Carcinoma Base rt Lung

Due to: Prob Some Metastases to Liver

Due to:

Other conditions: Mild Arterio Sclerosis anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 162x
Of autopsy: 47d

DURATION: ?

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: W Glenn Speicher
M. D. or other

Address: Westminster Md Date signed: July 7/50

32660

VS A15 (T) (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 14 1950
BUREAU OF S

07091

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 77

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

**1. PLACE OF DEATH**
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead (Rural)
LENGTH OF STAY (in this place): 50
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead (Rural)
STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print): (First) Edward (Middle) S. (Last) Rohrbaugh

**4. DATE OF DEATH**: (Month) July (Day) 12 (Year) 1950

**5. SEX**: MALE

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Widowed

**8. DATE OF BIRTH**: Oct 6-1868

**9. AGE** last birthday: 81 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer

**10b. KIND OF BUSINESS OR INDUSTRY**: Farming

**11. BIRTHPLACE** (State or foreign country): Penna

**12. CITIZEN OF WHAT COUNTRY**: USA

**13. FATHER'S NAME**: Edward Rohrbaugh

**14. MOTHER'S MAIDEN NAME**: Eliza Seitz

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If year, give war or dates of service):

**16. SOCIAL SECURITY NO.**: ✓

**17. INFORMANT AND ADDRESS**: Ralph Rohrbaugh - Hampstead Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 4 Months |
| 331 Antecedent cause(s) | (b) Arteriosclerosis ✓ | 5 yrs |
| 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) ) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify):

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:

**INJURY OCCURRED** While at Work ☐ Not While At work ☐

**HOW DID INJURY OCCUR?**:

**22.** I hereby certify that I attended the deceased from March 8, 1950, to May 1, 1950, that I last saw the deceased alive on May 1, 1950, and that death occurred at 1:20 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| W. H. Foard | M.D. | Manchester, Md | 7/12/50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | July 15/50 | Reformed cem. | Manchester, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| July 12-1950 | John S. Hughes Jr. | Edw C Tipton | Hampstead Md |

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07092

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown — LENGTH OF STAY (in this place): 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 34 George Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
STREET ADDRESS (If rural, give location): 34 George Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): HARVEY-MARTIN-RUTH

4. DATE OF DEATH (Month) (Day) (Year): 7 24 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 8/9/1886
9. AGE last birthday: 63 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Repair Hand
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): York Co. PA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Ruth
14. MOTHER'S MAIDEN NAME: Mary Krout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 717-07-6786
17. INFORMANT AND ADDRESS: Mrs Elmer Ahler; Taneytown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Angina Pectoris — A few minutes

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Artery disease a number of

(c) angina attacks since — Oct. 19, 1949

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19th, 1949, to July 24th, 1950, that I last saw the deceased alive on July 24th, 1950, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

SIGNATURE: C. M. Benner MD. (Degree or title) — ADDRESS: Taneytown Maryland. — DATE SIGNED: July 24, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7/27/50 — NAME OF CEMETERY OR CREMATORY: Holschwam Cem. — LOCATION (City, town, or county): York Co. near Thomasville (State) PA.

DATE REC'D BY LOCAL REG.: July 24, 1950 — REGISTRAR'S SIGNATURE: Ethel M Mehring — 24. FUNERAL DIRECTOR: J. W. Little & Son; Littlestown PA. — ADDRESS: Py R. A. Little 98847

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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07093

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 81

M

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VS. 115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge — LENGTH OF STAY (in this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) NORA (Middle) O. (Last) SIXX

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 11/6/1877
9. AGE last birthday: 72 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? A. J.

13. FATHER'S NAME: Washington Eyler
14. MOTHER'S MAIDEN NAME: Rosetta (NOT KNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: 220-03-1613
17. INFORMANT AND ADDRESS: Mrs. Charles Clotz - Union Bridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma - Breast

170 × Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1949, to July 11, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 5 P m. from the causes and on the date stated above.

SIGNATURE: T. H. Legg (Degree or title) M. D. — ADDRESS: Union Bridge — DATE SIGNED: 7-12-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7/14/50 — NAME OF CEMETERY OR CREMATORY: Methodist Cem. — LOCATION (City, town, or county) (State): Middleburg, Md.

DATE REC'D BY LOCAL REG.: July 13, 1950 — REGISTRAR'S SIGNATURE: Leslie L. Kepp

24. FUNERAL DIRECTOR: D. D. Hartzler & Sons — ADDRESS: Union Bridge & New Windsor, Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07694

# CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mrs. Minnie (Middle) A (Last) Staley

4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 1950

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: 2/19/1874 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Uriah Royer | 14. MOTHER'S MAIDEN NAME: Isabella Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Birnie M. Staley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Arteriosclerotic Heart Disease — 5 yrs.

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism, Generalized Arteriosclerosis — 7 yrs.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/2, 1946, to 7/1, 1950, that I last saw the deceased alive on 7/1, 1950, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

R. S. McVaugh M. D. | Taneytown, Md. | 7/2/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 7/5/50 | NAME OF CEMETERY OR CREMATORY: Lutheran | LOCATION (City, town, or county) (State): Taneytown Md

DATE REC'D BY LOCAL REG.: July 3, 1950 | REGISTRAR'S SIGNATURE: Ethel M. Mehring Local | 24. FUNERAL DIRECTOR: C. E. Sisco & Son | ADDRESS: Taneytown Md

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JUL 7 1950
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

07095

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Westminster — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deep Run Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Westminster
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print): (First) KLAIR (Middle) LEWIS (Last) STONESIFER
4. DATE OF DEATH: (Month) July (Day) 4 (Year) 19 50

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | Married | 1-12-24 | 26 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Truck Driver | Road Bldg. | Carroll Co. Md. | U.S. |

13. FATHER'S NAME: William Stonesifer
14. MOTHER'S MAIDEN NAME: Ida Stonesifer

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | |
|---|---|---|---|---|
| No. | | 219-14-7522 | Mrs Helen Stonesifer | R. D. 1 Westminster, Md. |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|
| 821.5 Immediate cause (a) Fractured Skull - Fracture | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 170d (b) Cervical Vertebra | |
| (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☑ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Deep Run Road | (CITY OR TOWN) Union Mills | (COUNTY) Carroll | (STATE) Md. |
|---|---|---|---|---|
| TIME (Month) (Day) (Year) (Hour) OF INJURY July 4 - 1950 5 P.m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Motor Cycle accident | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| James T. Monk | Deputy Medical Examiner | Westminster Md | July 4/50 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 7/7/50 | Bachmans Valley Cemetery | Bachmans Valley, Carroll Co. Md. |

| DATE RECD BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/5/50 | [illegible] | J. W. Little & Son, Littlestown, Pa. Per R. A. Little | 42099 |

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07096

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 76

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

**1. PLACE OF DEATH**
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTMINSTER
LENGTH OF STAY (in this place): 28 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: COR. CHURCH & GEORGE STS.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTMINSTER
STREET ADDRESS (If rural, give location): COR. CHURCH & GEORGE STS.

**3. NAME OF DECEASED** (Type or Print): (First) FRANKLIN (Middle) HOWARD (Last) THOMPSON

**4. DATE OF DEATH**: (Month) JULY (Day) 15 (Year) 1950

**5. SEX**: MALE

**6. COLOR OR RACE**: WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED

**8. DATE OF BIRTH**: FEB. 19, 1885

**9. AGE** last birthday: 65 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): CARPENTER

**10b. KIND OF BUSINESS OR INDUSTRY**: GENERAL CONSTRUCTION

**11. BIRTHPLACE** (State or foreign country): MARYLAND

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: JAMES THOMPSON

**14. MOTHER'S MAIDEN NAME**: ALICE LEWIS

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): YES
(If year, give war or dates of service): W.W.I

**16. SOCIAL SECURITY NO.**: 212-10-8119

**17. INFORMANT AND ADDRESS**: MRS. F.H. THOMPSON, WESTMINSTER, MD.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | 6 MOS |
| 331 Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 830 | (b) Hypertension | 5 YRS |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify):

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**INJURY OCCURRED** While at Work ☐ Not While At work ☐

**HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Aug., 1948, to July 15, 1950, that I last saw the deceased alive on July 15, 1950 and that death occurred at 10:10 A.m., from the causes and on the date stated above.

SIGNATURE: Julius Chepko M.D. (Degree or title) ADDRESS: 88 W Main Westminster Md DATE SIGNED: July 17, 1950

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial
DATE: July 18 1950
NAME OF CEMETERY OR CREMATORY: Baltimore National Cem.
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 7/17/50
REGISTRAR'S SIGNATURE:

**24. FUNERAL DIRECTOR** ADDRESS: J. FRANCIS REESE WESTMINSTER, MD.

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07097

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 76

**1. PLACE OF DEATH:**

County: Carroll

City or town: Westminster - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 yrs

Hospital, institution, or street address where death occurred: Carroll Co Alms House

How long in hospital or institution? 6 yrs

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md County: Carroll

City or town: ~~West~~ Winfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Rural
(If rural, give LOCATION)

2.(a) If veteran, name war: X

**3. (a) FULL NAME:** JAMES R. WILLIAMS

**3. (b) Social Security Number:** none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| male | white | Divorced |

6.(b) Name of husband or wife:

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 25, 1867

**8. AGE:** Years: 82 | Months: | Days: | If less than one day ..... hrs. ..... min.

9. Birthplace: Carroll Co. Maryland
(Town, county, and state)

10. Usual occupation: Farm Laborer

11. Industry or business:

FATHER
12. Name: Abraham L. Williams
13. Birthplace: Maryland

MOTHER
14. Maiden name: Ellen Franklin
15. Birthplace: Maryland

16. Informant: Mr. Hanson Williams
Address: R.D. Westminster, Md.

17. BURIAL (Burial, ~~cremation, or removal. Which?~~) Date thereof: 7-10-1950 (month) (day) (year)

Cemetery ~~or crematory~~: Ebenezer

Location: Winfield, Carroll Co. Md.

18. Funeral director: C. M. Waltz
Address: Winfield, Md.

19. 7/9 1950 [signature] Registrar
(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH: 7-8 1950 at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1944, to 7-8- 1950 and that I last saw him alive on 7-8- 1950

Immediate cause of death: Cardio-Vascular Disease — DURATION: 20 y (-)

Due to:

Due to:

Other conditions:

422.1 (Include pregnancy within 3 months of death)

Major findings of operations: 93d Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. C. Stone M. D. or other

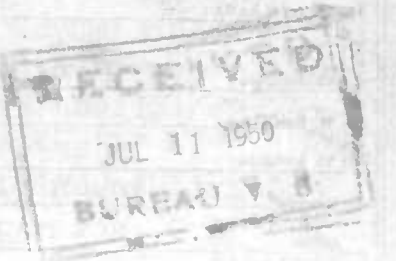
Address: Westminster Date signed 7-8-50

866VV

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY CARROLL COUNTY Sykesville Md MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville Md
STREET ADDRESS (If rural, give location) Margin Ave

3. NAME OF DECEASED (Type or Print) (First) Charles L (Middle) Yates (Last)
4. DATE OF DEATH (Month) July (Day) 15 (Year) 1950 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept-10-1890
9. AGE last birthday 60 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY Retired Balto. Transit Co.
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mr. Yates
14. MOTHER'S MAIDEN NAME Miss Donald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War #1
16. SOCIAL SECURITY No. 213-05-9140
17. INFORMANT AND ADDRESS Nettie V. Yates - Margin Ave. Sykesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Hypertensive cardiovascular disease ?

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with arteriosclerosis & myocarditis

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/12, 1950, to 7/15, 1950, that I last saw the deceased alive on 7/15, 1950, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D.H. Lawson M.D. | ADDRESS Sykesville, Maryland | DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7-18-50 | NAME OF CEMETERY OR CREMATORY Balto National Cem | LOCATION (City, town, or county) Frederick Rd - Balto. Md (State)

DATE REC'D BY LOCAL REG. 7/17/50 | REGISTRAR'S SIGNATURE Aw. Hedrick | 24. FUNERAL DIRECTOR John C. Milly Inc. 2435 E. Oliver St | ADDRESS

42049

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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